

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 31, 2001 8:00 am**  
**Secretary of State**

01-31-2001 90311 008 \*\*\*150.00

**DOCUMENT # P98000032284**

1. Entity Name

**FLEETWOOD RETAIL CORP. OF FLORIDA**

Principal Place of Business

Mailing Address

2150 W. 18TH  
 STE 300  
 HOUSTON TX 77008

POST OFFICE BOX 7638 2150 W. 18th St.  
 RIVERSIDE CA 92513-7638 Ste 300  
 Houston, TX 77008

708243



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2150 W. 18th St., Ste 300

3. Mailing Address

2150 W. 18th St., Ste 300

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Houston, Texas

City & State

Houston, TX

4. FEI Number

58-2389936

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
 1200 SOUTH PINE ISLAND ROAD  
 PLANTATION FL 33324

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KUMMER, GLENN F P.O. BOX 7638 RIVERSIDE CA 92513-7638	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD POTTER, NELSON W P.O. BOX 7638 RIVERSIDE CA 92513-7638	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BINGHAM, PAUL M P.O. BOX 7638 RIVERSIDE CA 92513-7638	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVD PLOWMAN, BOYD R P.O. BOX 7638 RIVERSIDE CA 92513-7638	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP DOUGLAS, ROBERT P.O. BOX 7638 RIVERSIDE CA 92513-7638	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD POLLIS, JOHN G P.O. BOX 7638 RIVERSIDE CA 92513-7638	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental reports is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver; that I am authorized to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with my address, with authority.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*[Handwritten Signature]*  
 Barry D. Alanton  
 VP / Asst. Sec.

Barry D. Alanton  
 VP / Asst. Sec.

Date

(713) 331-1305

Daytime Phone #

CR2E034 (10/00)